



U.S. Department of State
APPLICATION FOR A US PASSPORT

OMB APPROVAL NO. 1405-0004
EXPIRATION DATE: 08/31/2008
ESTIMATED BURDEN: 85 Minutes
(See Instruction Page 3)

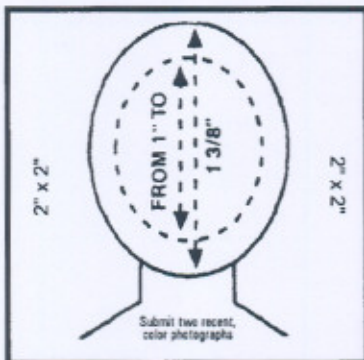
WARNING False statements made knowingly and willfully in passport applications, including affidavits or other supporting documents submitted therewith, are punishable by fine and/or imprisonment under provisions of 18 U.S.C. 1001, 18 U.S.C. 1542 and/or 18 U.S.C. 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1543. The use of a passport in violation of the restrictions contained therein or of the passport regulations is punishable by fine and/or imprisonment under 18 U.S.C. 1544. All statements and documents are subject to verification.

When completing this form, PRINT IN BLUE OR BLACK INK ONLY.

1. Name of Applicant		2. Date of Birth (mm-dd-yyyy)	
Last	Suffix (Jr., Sr., III)		
First	Middle		
3. Sex <input type="checkbox"/> M <input type="checkbox"/> F	4. Place of Birth (City & State OR City & Country)	5. Social Security Number (See Federal Tax Law Notice on Instruction Page 3)	6. Alien Registration Number (If Applicable)
7. Height Feet _____ Inches _____	8. Hair Color	9. Eye Color	10. Occupation
11. Employer			
12. E-Mail Address (Optional)		13. Mailing Address	
		Street/RFD Number OR Post Office Box _____ Apartment Number _____	
		City _____ State _____ ZIP Code _____	
		Country (If Outside the U.S.) _____ In Care of (If Applicable) _____	
14. Permanent Address or Residence (If same as mailing address write "Same As Above")			
Street / RFD Number (DO NOT LIST P.O. BOX) _____ Apartment Number _____			
City _____ State _____ ZIP Code _____			
15. Home Telephone (Include Area Code)		16. Business Telephone (Include Area Code)	
(_____)		(_____)	
17. Have you ever applied for or been issued a U.S. passport? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete the remaining items in block #17 and submit most recent passport.			
Name in which your most recent passport was issued _____		Status of recent passport <input type="checkbox"/> Submitted <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> Other _____	
Most recent passport number _____		Approximate date your most recent U.S. passport was issued or date you applied. (mm-dd-yyyy) _____	
18. Travel Plans			
Date of Trip (mm-dd-yyyy) _____	Length of Trip _____	Countries to be Visited _____	
19. Have you ever been married? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete the remaining items in block #19			
Spouse's or Former Spouse's Full Name _____		Is your spouse (or former spouse) a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date of Birth (mm-dd-yyyy) _____	Place of Birth _____	Date of Most Recent Marriage _____	Widowed? <input type="checkbox"/> Divorced? <input type="checkbox"/>
Give Date _____			
20. What other names have you used? (Include Name Changes, Maiden Name, & Former Married Names)			
1) _____	2) _____	3) _____	4) _____



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Name of Applicant <i>(Last, First, Middle)</i>				Date of Birth <i>(mm-dd-yyyy)</i>	
21. Parental Information					
Mother's Maiden Name			Date of Birth		Place of Birth
Last	First	Middle			
Father's Name			Date of Birth		Place of Birth
Last	First	Middle			
Is your mother a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO			Is your father a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		
22. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.					
Name			Street / RFD Number		
Apartment Number	City		State		ZIP Code
Telephone ()		E-Mail Address (Optional)		Relationship	

STOP

DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY PERSON ADMINISTERING OATH.

23. Oath & Signature

I declare under penalty of perjury that I am a United States citizen (or non-citizen national) and have not, since acquiring United State citizenship (or U.S. nationality), performed any of the acts listed under "Acts or Conditions" on this application form (unless explanatory statement is attached). I declare under penalty that the statements made on this application are true and correct.

X _____
Applicant's Signature - age 14 and older

X _____
Mother's Legal Guardian's Signature (If Identifying Minor)

X _____
Father's Legal Guardian's Signature (If Identifying Minor)

FOR ACCEPTANCE AGENT USE ONLY

Facility Identification Number _____

☐ Acceptance Agent; Facility Name & Location _____

☐ (Vice) Consul USA; Location _____

☐ Passport Services Staff Agent

Subscribed & Sworn to *(Affix Seal)* _____

(Signature of Person Authorized to Accept Application)

Date *(mm-dd-yyyy)* _____

Applicant's or Father's Identification Information

Type of Document	Issue Date
<input type="checkbox"/> Driver's License	Expiration Date
<input type="checkbox"/> Passport	Place of Issue
<input type="checkbox"/> Military Identification	
<input type="checkbox"/> Other (Specify) _____	

Name _____

ID Number _____

Mother's Identification Information

Type of Document	Issue Date
<input type="checkbox"/> Driver's License	Expiration Date
<input type="checkbox"/> Passport	Place of Issue
<input type="checkbox"/> Military Identification	
<input type="checkbox"/> Other (Specify) _____	

Name _____

ID Number _____

(SEAL)

For Issuing Office Use Only

Name as it appears on citizenship evidence _____

☐ Birth Certificate ☐ SR ☐ CR ☐ City File Date _____ Issue Date _____

☐ Passport Issue Date _____

☐ Report of Birth ☐ 240 ☐ 545 ☐ 1350 Issue Date _____

☐ Naturalization Certificate Issue Date _____ Cert. # _____

☐ Citizenship Certificate Issue Date _____ Cert. # _____

☐ Other _____

☐ Seen & Returned _____

☐ Attached _____

APPLICATION APPROVAL

FEE _____ EXEC. _____ EF _____ OTHER _____